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**CHAPTER 4:  
PREVENTION**

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**TRANSFORMATION  
PROJECT PREVENTION  
ADVISORY GROUP**

**Mental Health is  
incorporated into  
existing prevention and  
early intervention  
initiatives and more  
coordination occurs  
among these programs.  
Washington State  
Comprehensive Mental  
Health Plan –  
*Transformation  
Theme #2***

Throughout the process of collecting public input, and engaging policy leaders in discussion, the concept of a true mental *health* system continuously emerged. Both consumers and state executives put it succinctly: “We don’t have a mental health system; we have a mental illness system.” The sentiment was echoed as the TWG grappled with the core values and the shift in thinking required to truly realize Transformation. Prevention always challenges state executives and policy makers. Prevention requires significant levels of resource and patience while waiting years or even decades for results. However, the evidence is clear; prevention pays. The state envisions a clear approach incorporating and coordinating prevention activities in a broad, public health model. Rather than developing a “mental illness prevention” strategy, the Project recommends a single, well-articulated statewide prevention policy with a healthy Washington as a centerpiece strategy.

Prevention is a fundamental component of a comprehensive mental health system. As is typical in many states, however, Washington’s current prevention efforts are fragmented and lack coordination. Further funding of prevention-related activities represent only a small percentage of overall mental health funding, if any at all. Most existing programs are targeted to discrete populations, despite the fact that most risk factors cut across multiple demographics.

The state does have at least three mature and stable prevention programs. For example, the Division of Alcohol and Substance Abuse has a well-developed and successful substance abuse prevention approach, with cross-cutting services at the state level, and close coordination with service providers at the local level. (DASA services are discussed in more detail below.) Also, the Family Policy Council, a multi-agency advisory board with both executive and legislative membership has provided sound state and local level policy direction related to prevention activities for several years. The Department of Community, Trade and Economic Development also has the Community Mobilization program that funds small projects statewide. Other prevention activities, however, are small, under-funded and disconnected from a broader prevention approach. As a result, prevention services are fragmented.

The Prevention Advisory Group has been convened to provide recommendations for overcoming this systemic fragmentation. The Advisory Group is tasked with developing cross-discipline partnerships across the state, and among organizations that share an interest and expertise in Prevention. Initially, the focus of the group is to provide a forum for discussing emerging research and to move the mental health field forward in its advancement of prevention efforts. Ultimately, however, the goal is to empower this group to develop a set of strategies for elevating the importance placed on prevention services, to inform prevention policy development, and to encourage a more cohesive system of prevention services in Washington.

The Prevention Advisory Group members are multi-disciplinary and geographically diverse. MHTP initially invited individuals representing state agencies and university researchers focusing on prevention, encouraging those initial members to reach out to others in the field and extend the opportunity to participate. Thirty-six individuals now serve on the group with interests and expertise ranging from prevention policy to early childhood learning. Other expertise on the group include: infant mental health; maternal/child health; early learning; child abuse and neglect; juvenile justice; substance abuse; health policy; epidemiology; nursing; and, medicine. Appendix 5 contains a list of current group members.

Most Advisory Group members are well versed in the public health approach to prevention; the model most often used in developing programs and demonstration projects in Washington. This focus on the public health model is enhanced by having the co-founders of the Social Research Development Group (SRDG), affiliated with the University of Washington as invited members of the advisory group. The SRDG is noteworthy for its role in advancing the risk and protective factor approach to prevention.

**The current focus is on the most seriously ill, reducing the ability to respond to early intervention opportunities**

The Prevention Advisory Group also explored strategic areas where a more focused prevention effort might have the greatest impact. Although the TWG task groups did include screening and early intervention strategies that could correctly be defined as preventative for individuals, strategies targeted to community and family were noticeably absent. The group examined the federal National Outcomes Measures for mental health and agreed to begin considering additional, prevention-oriented outcomes.

The Advisory Group recognized the need to more carefully define prevention. The Group agreed to focus on five specific areas in its planning work for the first year: 1. Infant mental health; 2. Pre-school and elementary school children and their families; 3. Late-adolescent/young adult mental health; 4. Preventing hospital re-entry; and, 5. Preventing mental health problems in older adults.

*Infant Mental Health*

The University of Washington's Center on Infant Mental Health and Development is the leading state resource for advancing training, research and policy in Infant Mental Health. Their primary focus is on prevention and intervention with high-risk groups such as families in poverty, teenage mothers, families struggling with post-partum depression, and families at risk for child abuse and neglect. Currently, there is a lack of research on treatment which makes implementing evidence based treatments difficult. Therefore, their Birth to Three Lab is translating current research into treatment models and conducting clinical research to develop evidence-based practice in infant mental health. Policy and training efforts are being developed with a wide range of stakeholders including pre-professional students, child care providers, policy makers, educators, primary care providers, child welfare personnel, legal personnel, early intervention providers and mental health providers. The aim is to embed infant mental health principles and an understanding of relationship-based approaches in all of the systems in which we serve infants, toddlers, preschoolers and their families.

*Pre-school and Elementary  
School Children and their  
Families*

The State is currently undergoing a significant structural change in the provision of early childhood services by creating a new Department of Early Learning. Knowledge and experience with Headstart and the Early Childhood Education and Assistance Program (ECEAP), a state funded equivalent to Headstart, has produced expertise for the state that contributes to our thinking about prevention of serious mental health disturbances in children. While excellent work occurs in pre-school education programs, issues around screening and early intervention for children in public schools remains a challenge. Services to the parents are also limited and even those who have children with the most severe mental illness report that services are woefully inadequate. The activities to promote early learning in the state of Washington have been accelerated by a Council on Early Learning appointed in November, 2005. Recommendations of the Council on Early learning resulted in the creation of the cabinet-level Department of Early Learning in July 2006.

In addition, a private/public partnership “Thrive by Five” has been established between the state and the philanthropic community in Washington. This partnership has produced combined funding of \$9 million new dollars to be invested in promising approaches to promoting early learning in the state. The areas of childcare and parent support are the two foci of the activities. Mental health has been a part of the effort with the emphasis in the early learning plan being on the social emotional development of the young child. The Gates Foundation is planning two demonstration sites for providing services to families and young children. One site will be in the Seattle area in Western Washington and one will be in Eastern Washington.

The Department of Health, Office of Maternal and Child Health (OMCH) is involved in several activities related to the prevention of social, emotional, behavior and mental health problems. One of these activities is to coordinate MHT planning efforts with other planning and system change initiatives that OMCH is involved with, including:

*Late-Adolescent / Young  
Adult Mental Health*

- Early Childhood Comprehensive Systems (ECCS) Grant – A federal grant from the Maternal and Child Health Bureau to promote comprehensive systems for children birth to kindergarten entry. One of the required focus areas is Social, Emotional and Mental Health. In Washington State ECCS is part of Kids Matter. Kids Matter is a partnership between DOH (ECCS), the Governor's Head Start-State Collaboration Office (Department of Early Learning) and the BUILD Initiative, a national child care quality improvement initiative (the Washington lead is the Foundation for Early Learning). A framework has been developed and its implementation is under way. For additional information, see [www.earlylearning.org/kids-matter](http://www.earlylearning.org/kids-matter).
- Washington State Partnerships for Youth (WSPY) – OMCH convenes this broad stakeholder group that is developing a statewide adolescent health plan, including mental health. For more information see the WSPY website: [www.son.washington.edu/wspy/](http://www.son.washington.edu/wspy/)
- Coordinated School Health – The DOH Office of Health Promotion coordinates with the Office of the Superintendent of Public Instruction in the implementation of a federal grant from the Centers for Disease Control and Prevention. Grant activities include systems planning and infrastructure building for comprehensive school health, including social emotional and mental health.
- Youth Suicide Prevention Plan - DOH works to implement the Washington State Youth Suicide Prevention Plan through the Youth Suicide Prevention Program (YSPP). YSPP focuses on increasing knowledge, addressing beliefs about suicide, and building skills in people to seek help for themselves or youth they come in contact with. The plan and other information is available on the YSPP website: [www.yspp.org/aboutYSPP/reports/Wa\\_plan.pdf](http://www.yspp.org/aboutYSPP/reports/Wa_plan.pdf)

During the work of the Social Marketing effort, a literature review noted the demographics of first onset of serious mental illness to be between the ages of 18 and 31. The Prevention group is interested in looking at the research on early identification and intervention within this age population. Are there opportunities to identify risks in this population? Do social and

emotional disturbances in younger children predict onset of serious mental illness? Do epidemiology efforts to date inform us about individual, family and/or community risks? Are there strategies at a family or community level that might reduce the incidence of onset? What service systems connect with this population at the earliest point in the progression of mental health problems? Do first admission patients in mental health hospitals share risks? The group recognizes that there may be research available that will guide the development of policies and strategies for this target group.

*Preventing Hospital  
Re-entry*

Many of the strategies developed in this plan focus on the services needed by consumers to recover and live productive lives. These strategies can be viewed as preventative, in that they represent efforts to promote health, independence, and personal recovery. The advisory group, specifically, is interested in a prevention model for assisting community services that support individuals wishing to remain in recovery (similar to the work around relapse prevention for persons with addictive disease.) Relapse prevention has achieved significant credible results in assisting individuals and their support systems to recognizing and anticipating risks that lead to relapse. Further examination of the triggers for mental illness episodes and strategies to use when those triggers are recognized can contribute significantly to maintaining recovery.

*Preventing Mental Health  
Problems in Older Adults*

Aging adults face significant life changes. Both physical and mental health problems can increase morbidity and lower quality of life. The advisory group is interested in looking at factors that contribute to increased levels of depression and serious mental illness such as the community environment (e.g., isolation); chronic health problems and trauma (in the form of loss of friends and family members); and co-occurring disorders. The advisory group is also looking at substance use disorders among older adults. The group will examine strategies and practices available to reduce onset of serious emotional disturbances and co-occurring disorders.

*Additional Prevention  
Activities*

Beyond the work of the Mental Health Transformation Prevention Advisory Group, two additional MHTP efforts are notable. In Washington State, the Washington Health Foundation (WHF) is a non-profit organization promoting health policy. Recently, the WHF began a policy initiative: Healthiest State in the Nation Campaign. For 2007, their state policy priorities (still in draft) include mental health. The organization pursues a public health/wellness agenda. The draft policy focus is framed as “strong mind, strong body, strong spirit. It includes mental health, dental health and physical fitness”; effectively addressing the President’s New Freedom Commission Goal #1. The Transformation project serves on the WHF advisory board and will continue to influence this important player.

Second, the State Board of Health is examining mental health issues from a public health policy perspective. The Board heard testimony from the project and has joined the partnership. In January, the Board adopted a new strategic plan. One of its goals is to “assure access to critical health services,” and one of the objectives under that goal is to “promote access to preventive mental health services.” The Board is in the early stages of this work, and its first activity is to educate itself about ongoing mental health reform efforts such as the Mental Health Transformation Grant. Another activity is to support TWG activities that take a public health approach. Ultimately, the Board expects to produce a report that “examines capacity in the state to deliver preventive, community oriented, population-based mental health services, articulates a vision for a public health approach to mental health, and makes policy recommendations.”

**The DASA Prevention  
Program has received a  
five-year grant to  
advance mental health  
problem prevention**

In addition to the Prevention Advisory Group work, the state enjoys and benefits from the work of the Division of Alcohol and Substance Abuse’s (DASA) prevention program. The program coordinates with the Department of Health, the Department of Community, Trade and Economic Development (community mobilization), the Office of the Superintendent of Public Instruction (OSPI) and others facilitating the Risk/Protective Factor framework in this state; this expertise has merit for mental health prevention.

In October 2004, Washington received a State Prevention Framework-State Incentive Grant (SPF-SIG) through the Center for Substance Abuse Prevention for \$2.35-million per year for five years through DASA. Since multiple risk factors are addressed in strategies to prevent under-age drinking and substance related conditions, the project will serve as both a model and an entry point towards advancing mental health problem prevention. Through the SPF-SIG, DASA will contract with local community applicants to implement the strategic prevention framework, including local assessment of need, resources, and readiness. Once a community has moved through these first three assessment steps, it will be allowed to select and implement programs that can serve as a model framework for future Transformation prevention strategies.

### **Policy Potential**

As Transformation discussions take shape with agencies involved in the project, attention often turns to prevention. It is apparent that years of funding services for the most in need has created a “mental illness” system; not a mental health system. The group and its audience, the TWG and agency policy leaders, recognize the importance of more clearly defining mental health, linking it to physical health, and focusing on a public health approach for creating healthy individuals, families and communities. With increasing focus on these aspects of Transformation, there is a growing understanding of policy implications for the State’s mental health system. Questions asked regularly by key policy makers include: Is mental health really being addressed? How can the health of Washington’s citizens be addressed without including mental health? Do we have the right governance structure to advance a model that is preventive? Should we develop a more coordinated approach to prevention by establishing an Executive Policy Manager in the Governor’s office to ensure coordination across state agencies? The Transformation Project Prevention Advisory Group will clearly play a significant future role in addressing these policy questions.

This section of the report has not been reviewed by the TWG as of this date. It will be presented at the August 25, 2006 meeting.